



Elevator Supplement Information

Building Permit No. _____ ELEV Permit # **ELEV** _____

Project Address _____ Application Date _____

Applicant: Owner ☐ Contractor ☐ Agent ☐ Design Prof. ☐

Property Owner & Occupant Information Applicant Name _____ Phone # _____

Name _____ Elevator Contractor's Name _____ Phone # _____

Address _____ Contractor's State License # including Class _____

City/State/Zip _____ Contact Person _____ Phone # _____

Phone # _____ Fax # _____ Address _____

Elevator type _____ Manufacturer _____ Model _____

Work to be performed on: Single Family ☐ Multi-Family ☐ Commercial ☐ Specify occupancy of building _____

Type of Work: New Installation ☐ Alteration/Modernization ☐ Repair ☐ Project Cost \$ _____

Type of System: Passenger ☐ Freight ☐ Elevator ☐ Escalator ☐ Moving Walk ☐ Dumbwaiter ☐
Wheelchair Lift Hoist ☐ Stairway Lift ☐ Material Lift ☐

Elevator Travel from _____ to _____ Drive Type _____ Contract Load _____ Pounds

Contract Speed _____ FPM Describe Hoistway Enclosure _____

Travel _____ Number of stops _____ Inside Dimensions of Car _____ Emerg. Exit Top of Car _____

Car Safety _____ Type _____ Type of Car Buffer _____ Stroke _____ Type of C.W. Buffer _____ Stroke _____

Is Space below Pit Occupied? Yes ☐ No ☐ Type of Governor (car) _____ Cable Size _____

Location of Governor _____ Slack Cable Device: Yes ☐ No ☐

Three copies of drawings must be submitted for each unit and attached hereto.

I agree to work in conformity to the ordinances and regulations of the James City County and the Uniform Statewide Building Code.

Print Name Signature Date

ElevSuppInfo.doc

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